

Young Sluggers™

Player's Name: _____

Address: _____

City/State: _____

ZIP: _____

AGE _____

Birthdate: _____

email: _____

Parent/Guardian Name(s): _____

\$20/SESSION

CIRCLE

6&7

8&9

3:45-4:45

6:30-7:30

DATE(S) YOU PLAN TO ATTEND

9/11 9/18 9/25

10/2 10/9 10/16 10/23 10/30

11/6 11/13 11/20

12/4 12/11 12/18

All Sessions are held on Thursdays

_____ x \$20 = \$ _____